STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: PIONEER REVIEW		2. DATE: 9/20/2024
3. FREQUENCY OF ISSUE: WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 52	3B. ANNUAL SUBSCRIPTION PRICE: $45 in area/$50 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): PO BOX 788; PHILIP, HAAKON, SD 57567-0788		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): RAVELLETTE PUBLICATIONS INC; PO BOX 788; PHILIP SD 57567		
6. FULL NAME OF PUBLISHER: DONALD J RAVELLETTE		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME: DONALD J RAVELLETTE (100%)		COMPLETE MAILING ADDRESS: PO BOX 633; PHILIP, SD 57567
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: NONE		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1195	1197
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	175	189
2. Mail Subscription (Paid and or requested)	839	826
3. Paid Electronic Copies	45	47
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1059	1062
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	64	60
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1123	1122
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	53	51
2. Return from News Agents	19	24
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1195	1197

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Donald Ravellette
(Signature)

Owner
(Title)

COURTNEY C. LAMB NOTARY PUBLIC STATE OF SOUTH DAKOTA SEAL

State of South Dakota)
§
County of Pennington)

(Seal)

Sworn to before me this 19th day of September, 2024

Courtney C Lamb
Notary Public

My commission expires: ~~My Commission Expires~~ May 17, 2028

Form: SOS REC 051 9/2016